North Carolina Medicaid Bulletin

An Information Service of the Division of Medical Assistance

Published by EDS, fiscal agent for the North Carolina Medicaid Program

Number 9 *September 1997*

Attention: Adult Care Homes, Home Health Agencies, and CAP Agencies

Reminder: Diaper abuse

Program Integrity has identified abuses in the utilization of diapers for recipients in Adult Care Homes.

This is a reminder that diapers should only be provided to meet the needs of an individual. If the patient is in an Adult Care Home, the diapers should be clearly labeled with the recipient's name and stored for use by that individual only.

Phyllis Burwell, Program Integrity
DMA, 919-733-6681

Attention: Personal Care Providers (excluding Adult Care Homes)

Rate increase

Effective with dates of service beginning August 1, 1997, the Medicaid maximum reimbursement rate for personal care service increased to $2.98 per 15 minute unit ($11.92/hour). No adjustments will be made to previously filed claims.

The providers' customary charges to the general public must be shown in form locator 47 on each UB-92 claim form filed. Public providers with nominal charges that are less than 50% of cost should report the cost of the service in form locator 47. The payment of each claim will be based on the lower of the billed charges or the maximum allowable rate.

Debbie Barnes, Financial Operations
DMA, 919-733-6784

Attention: Home Health Providers and CAP Case Managers

Use of the home health miscellaneous supply code W4655

Medicaid reimburses home health providers for supplies that are medically reasonable and necessary to treat a patient's illness or injury and that are specifically ordered by a physician. Reimbursement is not allowed for comfort or convenience items or items that are routinely furnished as a part of patient care.

The miscellaneous supply code W4655 may only be used for home health supplies not classified elsewhere on the home health medical supply list. The requirements for medical supplies (section 5.1.6, Community Care Manual) also apply to items billed to the miscellaneous code. If a more expensive version of a covered item is billed to code W4655, providers must maintain supporting documentation of the medical necessity. This code may not be used for supplies covered under other aspects of the Medicaid program; (i.e., DME or DME-related supplies, such as enteral products, may not be billed.) Before using the miscellaneous supply code, providers must determine that the item is:

- Not listed elsewhere on the supply list
- Not covered under another program
- Not a comfort or convenience item
- Not routinely furnished as part of patient care

Dot Ling, Medical Policy
DMA, 919-733-9434

Providers are responsible for informing their billing agency of information in this bulletin.

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Attention: Home Health Providers and CAP Case Managers

Home health services for CAP participants

A recent review of home health services claims revealed instances where agencies provided medical services to CAP participants without following home health services procedures. For example, medical supplies were provided without physician orders. Agencies involved believed that the request from the CAP case manager was sufficient authorization and further documentation was not required.

Participants in CAP/DA, CAP-MR/DD, CAP/C, or CAP/AIDS must meet the same requirements as other Medicaid recipients of home health services. There is no exemption for CAP participants. For example, if a CAP participant is not homebound or fails to meet the requirements for skilled nursing visits, home health agencies may not bill Medicaid for those services. Requirements for home health services are in Section 5 of the Community Care Manual. Please note that services for CAP participants, as well as all other Medicaid recipients, must be specifically ordered by the patient's physician on the HCFA-485 form. Also, note that the physician must recertify the need for home health services every 60 days.

Dot Ling, Medical Policy
DMA, 919-733-9434

Attention: Personal Care Services (PCS) Providers (Excluding Adult Care Homes)

Seminars

Personal Care Services (PCS) seminars will be held in November 1997. The October Medicaid Bulletin will have the registration form for the seminars and a list of site locations. Please suggest topics you would like addressed at the seminars. List topics and issues below and return to:

Personal Care Services Provider Representative
EDS
P.O. Box 300009
Raleigh, NC 27622

Attention: CAP Providers

Reimbursement rate increases

Effective with dates of service beginning August 1, 1997, the maximum allowable rate of reimbursement for the following CAP services has been increased. Providers must bill their usual and customary charges. If a provider's charge is more than the Medicaid allowable, reimbursement will be the maximum allowable amount.

Procedure Code	Description	Reimbursement Rate
W8111	CAP-MR/DD Personal Care	$2.98/Unit
W8116	CAP/DA Respite Care-In Home	$2.98/Unit
W8119	CAP-MR/DD Respite Care Community Based	$2.98/Unit
W8141	CAP/DA In-Home Aide Level II	$2.98/Unit
W8142	CAP/DA In-Home Aide Level III-Personal Care	$2.98/Unit
W8143	CAP/C Personal Care	$2.98/Unit
W8144	CAP-MR/DD In-Home Aide Level I	$2.98/Unit
W8145	CAP/C Respite Care-In-Home	$2.98/Unit
W8167	CAP/AIDS Respite Care-In-Home/Aide Level	$2.98/Unit
W8172	CAP/AIDS In-Home Aide II	$2.98/Unit
W8173	CAP/AIDS In-Home Aide III- Personal Care	$2.98/Unit

Effective with dates of service beginning July 1, 1997, the maximum allowable rate of reimbursement for the following CAP services has been increased:

Procedure Code	Description	Reimbursement Rate
W8139	CAP/C Nursing Services	$7.71/Unit
W8168	CAP/AIDS Respite Care-In-Home/Nurse Level	$7.71/Unit
W8181	CAP-MR/DD Respite Care-Nursing	$7.71/Unit

No adjustments will be made for claims already processed. Contact the EDS Provider Services Unit for detailed billing instructions at 1-800-688-6696 or 919-851-8888.

EDS
1-800-688-6696 or 919-851-8888

Attention: Anesthesia, Dental, Hospital, and Ambulatory Surgical Center Providers

Billing dental services covered under Medicare and Medicaid

For dually eligible Medicare/Medicaid recipients, dental services covered by Medicare do not require Medicaid prior approval. When a dental service is covered by Medicare, do not submit a claim form to Medicaid for the same service. Claims are to be filed first with Medicare. Medicare will cross over the claim to Medicaid for the co-insurance and/or deductible amounts.

Medicare does not cover routine dental care. Care associated with the treatment, filling, removal or replacement of teeth, root canal therapy, surgery for impacted teeth or other surgical procedures involving the teeth or structures directly supporting teeth are not covered. Dental services that are not covered by Medicare, but are covered by Medicaid should be filed with Medicaid on the dental form.

Medicare Part B covers limited oral surgical procedures performed by dentists or oral surgeons. Medicare Part B medical insurance can help pay for dental care only if it involves surgery of the jaw or related structures, or setting fractures of the jaw or facial bones.

Examples of services covered by Medicare include but are not limited to:

- Services relating to radiation treatments or chemotherapy of the jaw, such as extractions if they are done in preparation for radiation treatment
- Treatment of fractures of the jaw and wiring of teeth in relation to fractures of the jaw
- Major dental surgery involving the jaw and jawbone, and removal of growths and tumors

If the oral surgery procedures covered by Medicare are performed while the recipient is in the emergency room or in the office, apply for reimbursement from the Medicare Part B carrier using the HCFA-1500 Health Insurance Claim Form. Medicare will cross over information on paid claims for dual-eligible recipients and Medicaid will pay the co-insurance and deductible only.

Medicaid reimburses for emergency treatment rendered in a hospital setting without prior approval. Emergency dental admissions are necessary when the recipient's condition dictates immediate attention and a delay in treatment may result in death or permanent impairment of recipient's health. Hospitals do not need pre-certification for emergency dental admissions. Hospitals must enter an admission type "1" on their UB-92 claim form.

Urgent dental admissions are necessary when the recipient's condition (although not likely to cause death or irreparable harm) must be treated immediately and cannot wait for normal scheduling. Generally, the recipient is admitted to the first available and appropriate accommodation. Dental admissions may also be urgent admissions due to cooperation, behavior, and management problems which prevent treatment in the dental office setting. Hospital pre-certification is not needed for urgent dental admissions. The hospital must enter an admission type "2" on their UB-92 claim form. Dentists rendering services in the hospital must obtain prior approval for any dental service which requires prior approval. Since hospitals do not need pre-certification for dental admissions, they should not use the approval number issued to a dentist.

Physicians or anesthesiologists billing anesthesia for services rendered in a hospital or ambulatory surgical treatment center, use CPT code 40899 (unlisted procedure, vestibule of mouth) on the HCFA-1500 health insurance claim form.

EDS
1-800-688-6696 or 919-851-8888

Attention: Private Duty Nursing (PDN) Providers

Seminar schedule

Seminars for PDN providers will be held in October 1997. Each provider is encouraged to send appropriate clinical, and clerical personnel. Coverage issues for PDN, service limitations, and plan of care (HCFA-485) will be discussed. In addition, procedures for filing PDN claims, common billing errors and follow-up procedures will be reviewed.

Please select the most convenient site and return the completed registration form to EDS as soon as possible. Seminars begin at 10:00 a.m. and end at 1:00 p.m. Providers are encouraged to arrive by 9:45 a.m. to complete registration. Preregistration is strongly recommended.

Note: Providers should bring their Community Care Manuals as a reference source. Additional manuals will be available for purchase at $20.00.

Directions are available on page 6 of this bulletin.

Tuesday, October 7, 1997
Craven Community College
800 College Court
New Bern , NC
Auditorium

Thursday, October 9, 1997
Ramada Inn Airport Central I
515 Clanton Road
Charlotte, NC

Wednesday, October 15, 1997
Holiday Inn North-Coliseum
3050 University Parkway
Winston-Salem, NC
Rockefeller/Ford Room

Tuesday, October 21, 1997
Wake Medical Center
Medical Education Institute
3000 New Bern Avenue
Raleigh, NC
(Park at Wakefield Shopping Ctr;, carpooling is suggested due to limited parking spaces)

(cut and return registration form only)

Private Duty Nursing Provider Seminar Registration Form
(No Fee)

Provider Name_____ Provider Number _____

Address_____ Contact Person _____

City, Zip Code_____ County _____

Telephone Number_____ Date _____

_____ persons will attend the seminar at _____ on _____
(location) (date)

Return to: Provider Relations
EDS
P.O. Box 300009
Raleigh, NC 27622

Directions to the Private Duty Nursing (PDN) Seminars

The registration form for the workshop is on page 5 of this bulletin.

NEW BERN: *CRAVEN COMMUNITY COLLEGE*

Tuesday, October 7, 1997

Highway 70 to New Bern and take the Glenburnie Exit. College is located on the right. Once you have entered the College Facility, take the 1st right and follow road all the way to the back. The Auditorium is the last building (Building E).

CHARLOTTE: *RAMADA INN AIRPORT CENTRAL I*

Thursday, October 9, 1997

I-77 to Exit 7. Ramada Inn is located right off I-77 on Clanton Road. Signs will be posted with room locations.

WINSTON-SALEM: *HOLIDAY INN NORTH - COLISEUM*

Wednesday, October 15, 1997

I-40 Business to Cherry Street Exit. Continue on Cherry Street for 2-3 miles. Get in the left hand turn lane and make a left at IHOP Restaurant. The Holiday Inn is located behind the IHOP Restaurant.

RALEIGH: *WAKE MEDICAL MEI CONFERENCE CENTER*

Tuesday, October 21, 1997

Take the I-440 Raleigh beltline to New Bern Avenue, Exit 13A. Go toward Wake Medical Center on New Bern Avenue and at the stoplight at Sunnybrook Road, turn left. At Wakefield Shopping Center, turn left and park in the shopping center parking lot. Parking is free. Walk back to New Bern Avenue up the sidewalk in front of the Wake County Department of Health and stay on the sidewalk until it leads you to the Medical Education Institute. Enter the building at the far left Conference Center Entrance and follow the signs to your classroom. Vehicles will be towed if not parked in designated areas.

Attention: All Providers

Additions to Medicare/Medicaid crossover information

Medicare claims cross over automatically to Medicaid **IF** the provider's Medicare number is cross-referenced to their North Carolina Medicaid provider number in Medicaid's cross-reference files.

If providers have Medicare claims that are not automatically crossing over to Medicaid, they should complete the form below and return to EDS PROVIDER ENROLLMENT. DO NOT SEND THIS FORM TO MEDICARE. Provider Enrollment will verify the provider's Medicare and Medicaid information. If the numbers are not cross-referenced, EDS will add the provider information to the crossover file. If Provider Enrollment has any questions, they will contact the provider.

If you have multiple Medicare carriers and Medicare provider numbers, each number must be referenced to a Medicaid provider number. Please use a separate form for each cross-reference.

Note: Multiple Medicare numbers can be cross-referenced to a single Medicaid number, but multiple Medicaid numbers **cannot** be cross-referenced from a single Medicare number.

Prompt return of this information will help ensure crossover claims are processed correctly and in a timely manner. Fax forms to 919-233-6834, ATTN: Provider Enrollment or mail to the address listed at the bottom of the form.

EDS
1-800-688-6696 or 919-851-8888

(✂ cut here and return Medicare Crossover Reference Request form only)

MEDICARE CROSSOVER REFERENCE REQUEST

Provider Name: _____

Contact Person:(required) _____ Telephone Number: (required) _____

Indicate your *Medicare Carrier*, the *Action to be taken*, and your *Medicare* and *Medicaid* provider numbers**. If this section is not completed, the form will not be processed.**

These are the only carriers for which EDS can currently cross-reference provider numbers.

- ☐ NC BC/BS
- ☐ TN BC/BS
- ☐ FL BC/BS *****
- ☐ TX BC/BS *****
- ☐ MS BC/BS
- ☐ CIGNA
- ☐ Palmetto
- ☐ Riverbend Government Benefits Administration *****
- ☐ Mutual of Omaha *****
- ☐ United Healthcare *****
- ☐ United Government Services of WI *****
- ☐ Other_____

Action to be taken:

☐ *Addition - This is used to add a new provider number (Medicare or Medicaid) to the crossover file.*

Medicare Provider number: _____ Medicaid Provider number: _____

☐ *Change - This is used to change an existing provider number (Medicare or Medicaid) on the crossover file.*

Medicare Provider number: _____ Medicaid Provider number: _____

Mail to: Provider Enrollment
EDS
PO Box 300009
Raleigh, NC 27622

***** These are additional Medicare carriers whom EDS is in the process of working with to have claims cross over with North Carolina Medicaid

Checkwrite Schedule

September 9, 1997	October 7, 1997	November 4, 1997
September 16, 1997	October 14, 1997	November 12, 1997
September 25, 1997	October 23, 1997	November 18, 1997
		November 26, 1997

Electronic Cut-Off Schedule *

September 5, 1997	October 3, 1997	October 31, 1997
September 12, 1997	October 10, 1997	November 7, 1997
September 19, 1997	October 17, 1997	November 14, 1997
		November 21, 1997

* ***Electronic claims must be transmitted and completed by 5:00 p.m. EST on the cut-off date to be included in the next checkwrite as paid, denied, or pended. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite as paid, denied, or pended following the transmission date.***

Paul R. Perruzzi, Director
Division of Medical Assistance
Department of Human Resources

James R. Clayton
Executive Director
EDS

EDS

Bulk Rate
U.S. POSTAGE
PAID
Raleigh, N.C.
Permit No. 1087

P.O. Box 30968
Raleigh, North Carolina 27622